

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
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7						
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9						
10	I					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	16	↔	↔	↔		
TOTAL CLAIMS	19					

*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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98					
99					
100					
TOTAL IND.		↔	↔	↔	
TOTAL DEP.		↔	↔	↔	
TOTAL CLAIMS					